

JAN 10 2007

MORRISON | FOERSTER

755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018
TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792
WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
DENVER, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CENTURY CITY
TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment Commissioner for Patents-USPTO	571-273-8300	571-272-4000

FROM: Thomas Chan

DATE: January 10, 2007

Number of pages with cover page:	8
-------------------------------------	---

Preparer of this slip has confirmed that facsimile number given is correct: 9286/exp7

Comments:

Attorney Docket No.: 333772000900
Group Art No.: 2863
Examiner: S. Kundu
Application No.: 10/772,327
Filing Date: February 6, 2004
Inventor(s): Ankan PRAMANICK et al.
Title: METHOD AND APPARATUS FOR TESTING INTEGRATED CIRCUITS

Papers enclosed:

Transmittal (1 page)
Fee Transmittal (original + copy for fee processing 2 pages)
Supplemental Information Disclosure Statement (3 pages)
PTO/SB/08a/b (1 page).

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

pa-1123433

RECEIVED
CENTRAL FAX CENTER

JAN 10 2007

PTO/SB/21 (09-14)

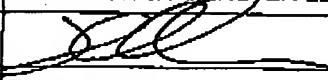
Approved for use through 07/31/2008. OMB 0651-0-31

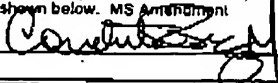
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/772,327
		Filing Date	February 6, 2004
		First Named Inventor	Ankan PRAMANICK
		Art Unit	2863
		Examiner Name	S. Kundu
Total Number of Pages in This Submission	7 pages	Attorney Docket Number	333772000900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a/b (1 pages) Facsimile
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Thomas Chan		
Date	January 10, 2007	Reg. No.	51,543

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. MS Amendment	
Dated: January 10, 2007	Signature:  (Conchita Mejia-Picazo)

pa-1123416

**RECEIVED
CENTRAL FAX CENTER**

JAN 10 2007

PTO/SB/17 (01-16)

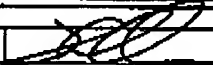
Approved for use through 7/31/2006. OMB DBS1-01 32
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/772,327
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Filing Date	February 6, 2004
		First Named Inventor	Ankan PRAMANICK
		Examiner Name	S. Kundu
		Art Unit	2863
		Attorney Docket No.	333772000900

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Multiple Dependent Claims
24	- 24 =	0	x	50.00	=	0.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.							Fee Paid (\$)
Indep. Claims							Fee Paid (\$)
1	- 3 =	0	x	200.00	=	0.00	360.00
HP = highest number of independent claims paid for, if greater than 3.							0.00
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
- 100 =		150		(round up to a whole number) x		250.00	0.00
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00

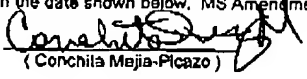
SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	51,543
Name (Print/Type)	Thomas Chan	Telephone	(650) 813-5616
		Date	January 10, 2007

pa-1123424

RECEIVED
CENTRAL FAX CENTER

005/008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. MS Amendment

Dated: January 10, 2007 Signature: 

(Conchita Mejia-Picazo)

JAN 10 2007

Patent
Docket No. 33372 000900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ankan PRAMANICK et al.

Serial No.: 10/772,327

Filing Date: February 6, 2004

For: METHOD AND APPARATUS FOR
TESTING INTEGRATED CIRCUITS

Examiner: S. Kundu

Group Art Unit: 2863

Confirmation No.: 4514

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §1.97 and § 1.98, Applicants submit for consideration in the above-identified application the document listed on the attached Form PTO/SB/08a/b. The Examiner is requested to make this document of record.

01/11/2007 HNGUYEN1 00000015 031952 10772327
01 FC:1836 180.00 DA

pa-1121947

1

Application Serial No. 10/772,327

Patent
Docket No. 33371 000900

This Supplemental Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
- ☐ A fee is required. A check in the amount of ___ is enclosed.
- ☐ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
- ☒ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
- ☒ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

Application Serial No. 10/772,327

Patent
Docket No. 33372 100900

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 333772000900.

Dated: January 10, 2007

Respectfully submitted,

By 

Thomas Chan

Registration No.: 51,543
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-5616

pa-1121941

3

RECEIVED
CENTRAL FAX CENTER

JAN 10 2007

ALTERNATIVE TO PTO/SB/08 /b (07-05)

Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	10/772,327
				Filing Date	February 6, 2004
				First Named Inventor	Ankan PRAMANICK
				Art Unit	2863
				Examiner Name	S. Kundu
Sheet	1	of	1	Attorney Docket Number	333772000900

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number/Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	US-2003/0005375-A1	01-02-2003	Krech, Jr. et al.	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinda Code: of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ or Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	7 ²

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	Date Considered
pa-1121958	